

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90379 031 ****50.00

DOCUMENT # M06000000949

1. Entity Name
TISSUE REGENERATION TECHNOLOGIES, LLC



Principal Place of Business
**110 ARNOLD MILL PARK STE 400
WOODSTOCK, GA 30188**

Mailing Address
**110 ARNOLD MILL PARK STE 400
WOODSTOCK, GA 30188**

60049420



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-0931791

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, DAVID
5131 N.E. COUNTY ROAD 340
HIGH SPRINGS, FL 32643**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ROZMAJZL, MICHAEL
STREET ADDRESS 110 ARNOLD MILL PARK STE 400
CITY-ST-ZIP WOODSTOCK, GA 30188

TITLE MGR ☐ Delete
NAME GRONOWSKI, MARK
STREET ADDRESS 110 ARNOLD MILL PARK STE 400
CITY-ST-ZIP WOODSTOCK, GA 30188

TITLE MGR ☐ Delete
NAME SCHEIDEN, WOLFGANG
STREET ADDRESS 110 ARNOLD MILL PARK STE 400
CITY-ST-ZIP WOODSTOCK, GA 30188

TITLE MGR ☐ Delete
NAME SCHULTHEISS, PEINER
STREET ADDRESS 110 ARNOLD MILL PARK STE 400
CITY-ST-ZIP WOODSTOCK, GA 30188

TITLE MGR ☐ Delete
NAME HOPFERZITZ, NIKOLAUS
STREET ADDRESS 110 ARNOLD MILL PARK STE 400
CITY-ST-ZIP WOODSTOCK, GA 30188

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME WOLFGANG SCHADEN
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME REINER SCHULTHEISS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME NIKOLAUS HOPFENZITZ
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/07